

Case Number:	CM15-0070223		
Date Assigned:	04/20/2015	Date of Injury:	08/17/2011
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old woman sustained an industrial injury on 8/17/2011. Diagnoses include carpal tunnel syndrome, disorders of bursae and tendons in shoulder region, osteoarthritis of shoulder, and pain in right shoulder status post shoulder surgery. Treatment has included medication, home exercise, and right rotator cuff repair. Medications in November 2014 included norco, ambien, anaprox, Prilosec, and flubiprofen/lidocaine. An Agreed Medical Examination (AME) in December 2014 notes that the injured worker has had upper gastrointestinal problems since 2011 with heartburn, reflux, nausea, vomiting, and diarrhea. It was noted that she uses medicine to sleep almost every day, with four hours of sleep a night. Snoring and apnea have been noted but she has never had a sleep study. At a visit on 2/18/15, the injured worker reported continued pain and numbness of both hands, with findings consistent with carpal tunnel syndrome, and carpal tunnel release of the left hand was discussed. Physician notes dated 2/23/2015 show complaints of right shoulder and wrist pain. Examination of the right shoulder showed positive impingement sign, positive apprehension sign, and tenderness of the acromioclavicular joint area. Examination of the wrist showed positive Tinel's, Finkelstein's, and reverse Phalen's signs. Recommendations include continuation of Norco, Ambien, Anaprox, Prilosec, and follow up in four weeks. Work status was temporarily totally disabled. On 4/1/15, Utilization Review (UR) non-certified or modified the medications currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen/lidocaine cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113, Postsurgical Treatment Guidelines.

Decision rationale: This injured worker has chronic shoulder pain and carpal tunnel syndrome; she has been prescribed this compounded topical medication since November 2014. Per the MTUS, if any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The site of application was not specified, but the medical records suggest that it was the shoulder, which is not a recommended area for treatment with topical NSAIDs. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The treating physician is prescribing oral (naproxen) and transdermal (flurbiprofen) NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical lidocaine other than Lidoderm is not recommended per the MTUS. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There was no documentation of neuropathic pain or trial and failure of first line agents. The form of lidocaine requested is not recommended by the MTUS. As neither of the ingredients in this compounded topical product are recommended, the compound is not recommended. Due to lack of indication, lack of recommendation by the guidelines, and potential for toxicity, the request for Flurbiprofen/lidocaine cream is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; CRITERIA FOR USE OF OPIOIDS; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic shoulder pain and carpal tunnel syndrome Norco has been prescribed for at least 5 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains off work/temporarily totally disabled. No functional goals were discussed. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Ambien 5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment, Ambien.

Decision rationale: This injured worker has been prescribed Ambien for at least five months. The documentation submitted notes snoring and apnea have been noted, but that the injured worker has never had a sleep study. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of

insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Due to length of use in excess of the guidelines, and lack of evaluation for sleep disorder (including evaluation for reported symptoms suggestive of sleep apnea), the request for Ambien is not medically necessary.

Anaprox DS (naproxen sodium) 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has been prescribed Anaprox for at least 5 months and possibly for more than one year, as the AME notes that Anaprox was prescribed in October 2013. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. This injured worker has chronic shoulder pain and carpal tunnel syndrome. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. The injured worker was noted to have heartburn and reflux; consideration of contribution of NSAIDS to these symptoms was not discussed. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. There was no documentation of functional improvement as a result of Anaprox. Work status remains off work/temporarily totally disabled, there was no documentation of improvement in activities of daily living, and no documentation of decrease in medication use or frequency of office visits. Due to length of use not in accordance with the guidelines, lack of functional improvement, and potential for toxicity, the request for Anaprox is not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation UpToDate: Medical management of gastroesophageal reflux disease in adults. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: This injured worker has been prescribed Anaprox and Flurbiprofen, which are non-steroidal anti-inflammatory medications (NSAIDs), and Prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors was present for this injured worker. Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. This injured worker has been prescribed PPIs for at least 5 months and possibly more than one year, as the AME notes that Prilosec was prescribed in October 2013. The AME from December 2014 also notes that the injured worker has had heartburn and reflux for several years. No GI evaluation was discussed. This injured worker has been prescribed two NSAIDS. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. The UpToDate reference cited states that PPIs should be used in patients who fail twice-daily histamine 2-receptor antagonist therapy, and in patients with erosive esophagitis and/or frequent (two or more episodes per week) or severe symptoms of GERD that impair quality of life. There was no documentation that this injured worker met any of these criteria for use of PPIs. Due to lack of GI evaluation, lack of specific indication and potential for toxicity, the request for Prilosec is not medically necessary.